

why I have called for the President to fire Kevin Jennings, and let's find somebody that actually maybe is a parent and a teacher and somebody who has a life career advocating for the safety of all children and the drug-free nature of all children.

If I could roll this back to a brief comment in the little bit of time that we have, about 5 minutes I see, there is another piece. Since we have that much time, I want to also point out that because of Kevin Jennings saying that he is always inspired by Harry Hay, let me say the icon of the North American Man-Boy Love Association, that doesn't necessarily mean he aspires to all the things that NAMBLA aspires to.

But this icon also is a self-alleged Communist. So it doesn't mean also that he is a Communist, but it means as a fellow traveler, as a consistent commentator, as a writer and author and an individual who has written a forward on the queering of elementary education, he has traveled on that path consistently, and it has been the exclusive activity of his, the nearly exclusive activity of his entire professional life. And we can find somebody better, and we can find somebody that is not there with an agenda that he is seeking to drive, aside from safety for kids in school.

I wanted to make a comment also that the CBO score on the Senate's health care bill, it includes 10 years worth of revenue and 7 years worth of expenses. When I listened to the gentleman from Wyoming talk about being audited for a third of every year or a fourth of every year, none of us could get by with that.

If I look back on my business career, if I could have had 10 months in every year worth of revenue and only 7 months worth of expenses, or 10 years worth of revenue and 7 years worth of expenses, I would have made millions and millions of dollars with that kind of bookkeeping.

This is billions and hundreds of billions of dollars. They need to be held accountable. It has got to be 10 years of revenue, 10 years of expenses, and it has got to be legitimate expectations on how people will react when you fine them \$700 a year as opposed to requiring them to buy insurance.

I thank the gentleman from Texas. I yield back.

Mr. CARTER. I thank my friend for coming down here and talking about a new subject, but a subject that is important. These czars, when we have got individual issues on the rule of law, we ought to talk about them. And I encourage all my colleagues, if they have issues about laws that they don't think are being enforced right or that they are concerned about the enforcement of, that is what this hour is about. It is about the rule of law.

I thank you for bringing up that issue. I hope everyone will be very concerned about the issues that you raised today.

Mr. Speaker, we thank you for the hour, and we will yield back the balance of our time.

WHY HEALTH CARE IS NEEDED IN COLORADO

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Colorado (Mr. POLIS) is recognized for half the remaining time left until midnight.

Mr. POLIS. Mr. Speaker, I took to the floor and will shortly share with you stories of real people from my district and from Colorado with regard to why we need health care reform so urgently in this country. But before I begin, I would like to address some of the comments of my colleagues from Iowa and Texas with regard to Mr. Kevin Jennings and some of the other issues that they raised which cannot go unanswered, lest the American people be misled.

Mr. Kevin Jennings is an appointment by President Obama to the Safe and Drug-Free Schools Initiative.

First of all, with regard to his commentary on the life of Harry Hay, Harry Hay was the founder of the Mattachine Society, the first organized LGBT rights group in this country, a legitimate part of the LGBT history and movement. To somehow detract from praising such an individual is akin to, let's say, colleagues on the other side of the aisle who might have in the past or continue to praise conservative talk show host Rush Limbaugh. And I would never, I would never, Mr. Speaker, say that they are endorsing drug use by saying that Rush Limbaugh is a leading conservative thinker. Nor in any way, shape or form, has Kevin Jennings ever endorsed the concept of pedophilia.

It is offensive to hear some of this language that emanates from the other side of the aisle. Mr. Speaker, I am glad we are at such a late hour of night. I would hope that C-SPAN and the functions of the United States Congress remain a family-friendly station and the people can be confident that their kids can watch and listen and hear without hearing the tales of bestiality and pedophilia which all too often stem from the tongues of those on the other side of the aisle.

With regard to the advice that Mr. Kevin Jennings gave to a 16-year-old boy when he was his teacher during the height of the AIDS crisis, a 16-year-old of the age of legal consent in the State of Massachusetts who said he had been struggling with his sexuality, had turned to anonymous sex, had been conflicted in his internal feelings, the advice, and it was fundamentally good advice, was "I hope that you used protection."

If more young people in that situation at the height of the AIDS crisis had received the type of counsel that Mr. Jennings had provided this 16-year-old, there would be thousands more people alive today and thousands less victims of the AIDS crisis.

Regardless of one's personal opinions about whether abstinence-only is the best way to have sex education in this country, or abstinence-plus, which would encourage abstinence but also give young people the knowledge they need to prevent diseases and unwanted pregnancies, the advice that was proffered by Mr. Jennings was well within the bounds of encouraging safe behavior, and in fact might indeed have gone some distance to saving the life of this young individual.

Having gay and lesbian role models in our schools, and indeed in providing safe schools and drug-free schools, is critical in helping to reduce the suicide rate among LGBT youth. The highest suicide rate among all youth occurs among LGBT youth.

The agenda that Kevin Jennings brings to our schools and brings to providing safe schools is no more a homosexual agenda than it would be a heterosexual agenda if Kevin Jennings happened to be heterosexual. Any appointee of that post would presumably have some sexual orientation, be it straight, be it gay, be it bi. That is not what that job is, and there is no difference in the sexual orientation of the individual performing that job. No one is more or less capable of keeping our schools safe and drug-free, regardless of their sexual orientation.

□ 2220

Mr. Jennings is somebody who has dealt with, in his own life, addiction issues and has worked with youth to help bring them out of addiction, and I applaud President Obama in standing by this well-qualified nominee for the Office of Safe and Drug-Free Schools.

Mr. Speaker, I rise today to share with you stories from Colorado's Second Congressional District about why we need health care reform urgently.

I was written by one of my constituents, Anastasia Gonzalez of Thornton, Colorado. Anastasia is a single mom and a full-time student. She wrote to me to let me know how important it is that in our country we put our differences aside and fix our health care system so that everybody, not just the people who can afford it, have health care. Anastasia told me the story of her child, who just started school this fall. Anastasia had to borrow money from friends just to get her child immunized before school started. Anastasia hasn't been to a doctor since she had her daughter. She can't afford to see a doctor, no less have any necessary procedures done.

When she was pregnant she was diagnosed with precancerous cells on her cervix. She had a procedure done right after the pregnancy in hopes that it would take care of the problem, but she has been unable to see the doctor for any follow-up because she can't afford the fee. She doesn't know if it's developed into cancer or not. She doesn't know if she'll be around to tell her story to her child when she's old enough to know. Anastasia writes that

no one should have to go through this; no one should have to sacrifice their health for any reason.

Well, I'm proud to tell Anastasia that the bills before Congress today would make a real difference in her life. The affordability credits would provide vouchers that would enable her to have the resources she needed to buy the insurance of her choice. She wouldn't need to worry about being discriminated against in pricing for her pre-existing condition. She would be able to be covered and insure that she was there not only for her daughter but for her granddaughter and for her family, and was able to go to sleep every night knowing that she had access to the very best medical care in our country.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories from Colorado of real people and the issues that they face in their daily battle to seek health care. I want to share with you the story of one of my constituents, Bunny Strassner, a friend of mine, and a small business woman.

She and her husband own a production company in Lafayette, Colorado. Recently, they had to lay off their employees, move their office into their home, and cancel their personal health insurance. Like so many American families dealing with this recession, they just couldn't afford it. They're still some years away from qualifying for Medicare, but like a lot of families, because of preexisting conditions, because they had to drop health care, they are worried every day of having an accident, of an illness affecting either one or both of them, because they cannot afford to be sick or disabled. Bunny wishes that Members of Congress who have wonderful health care coverage would really understand the practical and emotional problems the lack of health insurance causes.

I hope that those listening today will learn from the experience of Bunny and ask themselves how many more Americans must go through the experience of Bunny Strassner and her husband. Bunny says, I love my country. I work to improve education, especially in the areas of citizenship and the environment. I'm too young to feel this old. With the health care plan before Congress, Bunny Strassner and millions of other small businesses like her would receive tax credits to help make insurance more affordable. They would have access to exchanges that would give them the same good pricing that large multinational corporations have, helping to make health care more affordable for the small businesses of America.

You know, I was in business before I came to Congress, and it's not that small business people don't want to cover their employees. They do. But if they can't, they can't. This bill helps make it more achievable. It gives small businesses the tools they need through access to the exchange and through tax credits to ensure their employees have adequate coverage.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people and the urgent need for health care reform in this country. One of my constituents from Boulder, Colorado, Maria Thomas-Ruzie, wrote to me the other day and shared her story, which really struck close to home for me and impressed in me the need for Congress to act now and pass health care reform.

Maria has always had a fine medical record and decent dental coverage as a State university employee, and her husband also had what they thought was good coverage through the architectural firm that he worked. They even had the option of covering their children in her plan or his plan or both. However, her husband, Maria's husband is a type 1 diabetic, and he incurs, on average, between \$5,000 and \$6,000 a year in expenses to keep his diabetes under control. It goes to simple routine needs—insulin and insulin supplies, test strips, monitor upkeep, other medications, regular lab work and doctors checks, and as they near retirement age, the planning around their needs becomes even more critical. Marie often thinks about those with diabetes who don't have health care coverage, who can't control their blood sugar levels or related issues.

I'm reminded of the story of a young woman at the school that I served as superintendent of before serving in Congress, the New America School. Her name is Kimberly. She, like Maria's husband, suffered from diabetes. Unlike Maria's husband, Kimberly had no health care insurance. At 19 years old, she was no longer part of the children's health care insurance, and because she didn't have access to health care insurance, she had no access to ongoing treatment, insulin monitoring and injections that could have made her condition manageable. So it got to the point where she had kidney failure and was admitted to the hospital and had to be given emergency dialysis.

Now, the cost of that emergency dialysis treatment, subsidized by the rest of the taxpayers because Kimberly didn't have health care insurance, would have paid for 2 years of treating and monitoring Kimberly's condition. Beyond the human element of having to force Kimberly to be sick enough to stay home from school and miss work to get emergency dialysis, beyond the human element, how can it make sense to spend, in 1 day, what we could have spent in 2 years to provide a manageable outcome for her diabetes?

Maria concludes that their story is not particularly special. It just underscores the importance for health care reform and the need to pass it now.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people and why it's critical for us in Congress to pass health care reform. One of my constituents from Eagle County, Colorado, Marian McDonough, wrote to me the other day and shared a story that I want to share with you.

Marian's son was diagnosed with type 1 diabetes when he was 20 years old. He's currently 26 years old. Until he was 24, he was on my health insurance policy through work. But then he aged out of his mother's policy, and when they began checking for health care coverage for him, and while there's normally many policies available for young people, her son was turned down by all these companies because of the very preexisting that he needed coverage for.

Marian will add that her son has always been very diligent about his care, maintaining his glucose levels, taking his medication. Beyond diabetes, he's in wonderful health, and when he's tested for his long-term maintenance levels, he receives high compliments for maintaining the proper levels. Yet his condition, his scarlet letter, his preexisting condition, causes him to be denied by insurance company after insurance company.

□ 2230

The only way for him under the current system to get coverage is through a large employer who provides insurance, severely limiting employment opportunities. What if Michael wants to be self-employed, start his own business, be a consultant? What if he wants to work for a small company? What if he wants to have two or three small part-time jobs? Those are all avenues that could mean his death.

Maryanne writes that one of the problems and glitches with the system is that it doesn't cover the very people who need coverage. She writes, There's many nations and countries that utilize the national system and they work. I want to assure Maryanne and the others who are watching us tonight that one critical component of every health care bill we have in Congress—and we have five health care bills: two in the Senate, three in the House—one of the important common elements is they all ban exclusions based on preexisting conditions and pricing discriminations based on preexisting conditions.

Another proposal in the House bill is they would raise the age that a young person could stay on their parents' policy to 26 years old. For those young people that are out of college, looking for jobs, underemployed, they can stay on their parents' policy a couple of years longer and ultimately have access to their own insurance without having to worry about being excluded because of the scarlet letter that they bear through no fault of their own.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado and why we need health care reform.

One of my constituents from Boulder, Colorado, wrote to me. He asked that his name not be used, but he wanted me to share his story with you.

This constituent from Boulder has had HIV since the 1980s; and in the

early 1990s, he was dropped by his health care provider, Mutual of Omaha, not because of his particular condition but because they were dropping the whole class of the insured, all single-payer, private policy owners; and at the time, that was millions and millions of subscribers.

His story ends up somewhat happy only because he became eligible for our government-sponsored single-payer health care program for the elderly and disabled, namely, Medicare.

He was able to file for disability and receive Social Security disability payments. His health care costs are covered by Medicare, the AIDS Drug Assistance Program and the Colorado Indigent Care Program. He asked that I work hard for health care reform so that his friends, especially men and women in their 50s and early 60s before they're eligible for the government single-payer system, Medicare, can't afford to get coverage under the current system.

This gentleman, based on his experience and long interactions with our health care system and triumph and struggle against HIV, is for a government option in health care and wants all of us to continue to support reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people, constituents in Colorado, and why they need us to act on health care reform now.

One of my constituents from Evergreen, Colorado, wrote to me the other day, Paul Lizitski. Paul asked that I share this story with you.

Paul has lived without health care at many various times throughout his life, including the past 2 years. He joins over 45 million Americans who lack health care insurance. He's highly educated. Paul has a master's degree, but a master's degree doesn't ensure that you can have affordable health care.

His work and career path have led him through various health and human services and occupations, and he's been a public school educator, a Medicaid case worker, and a hospice caregiver. He's now a private gardener, and some day he hopes to grow his business into a garden center and create jobs.

Paul is 46 years old and he's been in a nonlegally recognized gay marriage for 15 years. His spouse, Doug, has health care security from his long career with the National Park Service. He's since retired and continues to enjoy requirement benefits. But under current Federal law, Paul isn't eligible to be part of Doug's insurance in any way.

Paul lives with the knowledge of having no biological offspring and lacking the same rights that heterosexual couples take for granted. He needs to try and fend for himself. As it applies to health care, all he can do is try his hardest to maintain his physical and mental health at a level that he can afford and pay out of pocket his personal health care costs until he reaches Medicare-eligibility age.

He's had to make the difficult decision in the past to forego medical and dental checkups. On some occasions where he did have a checkup, he had to limit the amount of care or the prescriptions that were assigned to him.

Paul is worried that his two older brothers, Peter and Michael, passed away at relatively young ages. Paul is nearing the age where his brothers' lives were taken, and he's worried that he won't live to see his 50th or his 52nd birthday.

In addition to health care reform, which would provide affordability credits for Paul to purchase insurance from the provider of his choice, allow his small business to purchase insurance through the exchange making it more competitive and attracting other employees from larger businesses so that they could offer some of those same benefits, there is also an important bill in Congress sponsored by Representative TAMMY BALDWIN that would provide full health care benefits to domestic partners.

Paul's partner, Doug, spent his career in public service working for the National Park Service, and yet he doesn't have the same benefits that a heterosexual would have who had served in that capacity.

So in addition to the benefits within health care reform and making health care affordable for people like Paul, it's critical that we pass domestic partnership benefits for Federal employees to ensure the competitiveness of our Federal workforce through the 21st century.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado who wrote to me and asked that I share their stories with you with regard to the urgent need to pass health care reform.

Bill Reed wrote to me from Silverthorne, Colorado, a mountain town. Bill runs a small business. They offer health insurance to their employees where the company contributes a fixed amount and the employer pays the difference. But this year, their plan came up for renewal, and they were informed by their carrier that their 2009, 2010 premiums would increase 22 percent. This 22 percent increase occurred in the worst recession of a generation.

Needless to say, Bill contacted numerous other health insurance companies trying to get competitive bids to reduce this cost, but no other providers would even meet with Bill and his company, no less bid for their business.

Bill writes: "As a good capitalist and businessman, when companies don't compete, market mechanisms fail." I couldn't have said it better myself.

One of the key components of health care reform is ensuring that there is more competition within the insurance industry. Under the exchanges that are created, small businesses like Bill's would be able to contract with the exchange to provide health care and each of the employees of Bill's company

would be able to choose from 10, 20, 30, 80 different plans that are offered in the exchange, empowering consumers with choice and empowering market mechanisms to relentlessly charge forward to improve efficiency in the insurance marketplace.

Bill concludes the problem isn't profits. The problem is lack of competition in the health insurance market. The solutions, Bill writes, is to establish a public option that will control costs, keep prices down, and set off real competition in these markets.

By giving small businesses like Bill's access to exchanges, tax credits to help them afford the cost of insurance and assuring them that they won't receive pricing discrimination because one or two of their five employees might have a preexisting condition, we enable and empower companies like Bill's and each of their employees to make decisions in the marketplace that lead to a more efficient marketplace for insurance in our country.

Thank you, Mr. Speaker.

□ 2240

Mr. Speaker, I rise today to share with you stories that my constituents in Colorado gave to me and asked me to share on the floor of the House of Representatives.

Lynn Valverde, a constituent of mine in Thornton, Colorado, wrote to me that her son was diagnosed with asthma when he was about 3 years old. At that time, Lynn was a single mother. Due to divorce and her son's father not paying child support, Lynn had very little money.

She was working full time when her son was diagnosed, and she had health insurance. But Lynn wanted something better for herself and her family. She returned to college full time, a decision that I applaud, that we as a society applaud. She wanted to create a more stable financial life for her son and herself. Both her son and she were living with Lynn's mother, the child's grandmother, while Lynn was working towards her B.A. She applied and received student health insurance, but her son's asthma issues increased, and within a very short period of time, the student insurance dropped her son due to the scarlet letter of "preexisting condition."

Lynn attempted to apply for Medicaid for her son and was told that since she had assets in her car, which she was making payments on, and her only other asset, a \$5,000 bond in a safe-deposit box that an aunt had given for the son, she would need to pay for her Medicaid, and her son would only be able to visit Medicaid doctors.

She applied, and within a short period of time, her son had a serious attack. There was only one Medicaid doctor that was within a 50-mile radius. Lynn took her son to the only Medicaid doctor. And she wasn't satisfied with the quality of the treatment that her son was provided. She wanted to go back to his old doctor, the one she used

to see before the insurance dropped him. The old doctor looked at the prescriptions that the other doctor had made and noted that the son had been prescribed medication doses meant for adults.

Needless to say, from that point forward, Lynn prayed a lot that her son wouldn't have the serious attack and made the very difficult pay out-of-pocket money, any money she could muster borrowed from friends to pay for her son's treatment.

There is a happy ending. Finally, Lynn met a wonderful man, got married and was able to get her son on their insurance. Her son is now 23 years old and fine.

Lynn wants to make sure that no American family has to go through what she and her son did. And by preventing discrimination based on pre-existing conditions, by providing affordability credits for working families to be able to receive the resources they need to buy the insurance of their choice, we empower people like Lynn to make choices in the marketplace and have access to the insurance of their choice. And that is why I call upon my colleagues in the House of Representatives to pass health care reform now.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories from Colorado that my constituents gave to me of their dealings with health care and why we need to pass health care reform now.

One of my constituents from Boulder, Colorado, asked that her name not be used, but wanted me to share with you her story and her travails. She had a small ovarian cyst several years ago that ruptured. She was insured at the time with a high deductible. She went to the ER. She didn't know what the pain was. She thought it might be appendicitis or something else. They ordered two CT scans, which were incredibly expensive, about \$1,600 a picture. Later she found out that had she been uninsured, the hospital would likely have ordered an ultrasound instead.

The hospital staff kept pushing her to take pain medications, though her pain wasn't that severe. She wanted to stay in touch with what she was feeling in case her condition worsened, so she did not take the pain medications. She feels that if she had the right level of insurance she would have received a better quality of care. And she saw firsthand the difference between the way that people who are insured and uninsured are treated in our medical system.

There are people who are uninsured in similar situations whose stories I'm not able to share with you today because they are no longer with us. And it is their memory, as well as for the living memory of those like this woman from Boulder who asked that I share her story that it is critical that we pass health care reform today.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from

Colorado and their own travails in our health care system who want me to share with you their reasons for passing health care reform.

I want to share with you a story that Linda from Broomfield, Colorado, shared with me last week. Linda's story isn't about her. It's about a friend of hers.

A friend of hers is a good, hard-working 22-year-old. Her friend is working two jobs. She recently quit a third job because she couldn't do it anymore. Her friend makes too much to qualify for government assistance but not enough to afford to pay for health care insurance, which she doesn't receive through her work as a waiter and a barber. She is a responsible, tax-paying homeowner who works in a profession that doesn't provide group health insurance.

Linda writes that her friend is an example of the tens of millions of Americans who work in service professions, auto mechanics, hairdressers, et cetera. We rely on these folks, Linda writes, but they are really stuck.

What would the health care proposals before Congress do for people like Linda's friend? Based on income levels, up to, it's being negotiated, 300 to 400 percent of the poverty level for individual wage earners up to 40, \$42,000 a year in income, they would receive affordability credits that they would be able to use. It's a voucher to be able to purchase the health care of their choice so that people like Linda's friend wouldn't have to worry about being uninsured. They would have access to buying insurance through an exchange, a low-cost option that allows them to choose from a multitude of insurance companies, or the public option, at one low cost, giving them the same purchasing power as multinational corporations and the same leverage in negotiating insurance companies as multinational corporations.

Linda's friend is a good American. And there are millions of Americans in that same situation working one job, two jobs, three jobs, not getting covered through work, unattainable cost of coverage on their own.

The bill before us, Mr. Speaker, would allow Americans like Linda's friend to go to sleep every night with the confidence that they have the health care that they need.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people and why we need to pass health care reform now.

One of my constituents from Boulder, Colorado, John Toslosky, wrote to me the other day and asked that I share his story on the floor of the House.

For 18 months, John has continuously monitored a significant claim for their son. It was denied, which happens all too often. John called, and they reviewed their policy, and they stated over the phone that it was clearly covered. A week later, a denial letter came again. This process repeated itself over

and over for 18 months. Every person they spoke with thought it was covered, and still, the machine of the insurer kept denying the claim.

Finally, John was told that it was too long since their last phone calls, that their calls didn't count as a challenge and their claim was permanently denied.

John had to threaten to sue and had his employer intercede. And guess what? The claim was promptly paid.

□ 2250

John guesses from this and other similar experiences what many of us conclude, that insurers routinely deny claims that should be covered. According to John, Knowing that few people have the time to follow up so diligently, and each person who gives up and just pays the erroneously denied claim creates greater profit for the insurer. This is an example of why, John writes, we need options that remove the insurer from the picture. We need a public option, or it isn't reform.

You know, I held about 22 town hall meetings in the month of August across Colorado, and at many of those I asked, How many of you, raise your hands, have had to battle with an insurance company over a denied claim? And at these meetings we had people from the left, people from the right, people from the middle, all across the great ideological spectrum that makes up our great Nation, and in every crowd, 80, 90 percent raised their hands and had witnessed, borne witness to that battle that John, in his case, successfully fought to have his son's claim paid.

Who gets the brunt of not having their claims paid? It is frequently the least empowered among us. John, who is college educated and works with an employer that was willing to stand up for him, was willing to get their claim accepted. What if you don't have a high school diploma? What if you're not fluent in the English language? What if you're not aware of your legal rights or ability to use the court system? It is to those who are least among us who feel the brunt of having their claims denied and whom the insurance companies assume will not lift a finger to fight back. That is why it's critical that we provide consumers with more choice through creating an exchange that gives each employee of a company insured through the exchange the choice of dozens of companies, including the public option.

You know, some people, rightfully or wrongfully, trust private, for-profit insurers more than they trust our government. Other Americans trust government more than they trust private insurers. With a public option as a choice, that value judgment, that normative judgment is up to you and no one else. You can choose to trust government or to trust your insurer. In John's case, and many others, they have been fed up with their experience with private, for-profit insurers. That's

one of the reasons we need to pass health care reform now.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories from my constituents in Colorado about why we need to pass health care reform.

One of my constituents from Boulder, Colorado, Spence Havler, wrote to me the other day. He wrote about his experience a few years back when he was visiting friends in France and his wife had an accident and acetone entered her eye. This was a very serious emergency situation that if not dealt with urgently and correctly could jeopardize her eyesight.

Their friends rushed them to a local ophthalmologist near Paris who immediately took her into his office. He had up-to-date, high-tech equipment to evaluate the condition of her eye, and his treatment was quick and effective. He also provided continued medication to speed the healing process. All of this, Spence writes, was free, absolutely no cost to a U.S. citizen under the French health care program.

Spence writes, I hope this personal account will be of use in your efforts. We are most grateful to the French policy and hope that America might find a way to provide similar benefits.

I have heard from many other constituents who have shared these stories of travels in Europe; and likewise, I have heard horror stories of visiting foreigners in our own land and their travails and shock when presented with high health care bills. The truth of the matter is we have a lot to learn from experiences in other countries.

America spends over 15 percent of our gross national product on health care. The average among the Western European countries in the industrialized world is 8 to 9 percent. Now, we spend nearly twice as much. Would it, per chance, be worth it if we were the longest lived and healthiest people on the planet? Perhaps. But we are not. We are in the middle of the pack. Many of these same countries that spend 8 to 9 percent of their gross national product on health care are healthier than us, have longer life spans than us, according to the World Health Organization.

Spence's point is valid. And while this particular set of reforms that we're presenting to the United States Congress is not like the French system, not like the German system, not like the Canadian system, not like the British system, it is a uniquely American system that embraces the power of free enterprise that makes America great, promotes competition among insurance companies through the exchange, provides a public option, provides affordability credits to help middle-income families afford health care. It is a uniquely American solution. It is the right solution, and I encourage my colleagues to support health care reform.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories from Colorado, stories from real people who wanted me to

share with you why we need to pass health care reform.

I want to share with you the story of Joyce Essex of Colorado. Joyce has a concern for the many families like hers that are middle income. She is concerned about families that make \$60,000, \$80,000, \$90,000 a year. Joyce is a retired teacher with 30 years, a decent pension. Her husband is a commissioned salesperson. They have a daughter in college. Their health care premiums are about \$1,000 a month, and that doesn't include deductible amounts, drugs and copays and a TMJ disorder their daughter has. Their insurance has paid none of the \$2,000 that they had to pay to get her help.

Right now, Joyce has 3 months of COBRA payment from her husband's job change, as well as their regular health premiums. Her husband and daughter are on a separate plan, her plan as a retired teacher. They work odd jobs for additional income, like a lot of families. But more and more, Joyce sees medical bills taking a huge bit out of their income. And remember, she and her family are healthy and insured.

Insurance, Joyce writes, is a necessary evil. Joyce writes that we should be sure that health care reform helps those of us that do not have excess money and who are not poor. We help so many in so many ways in this country. Help those of us, Joyce writes, who work hard, pay taxes, and appreciate the opportunities we have living in the United States of America.

Through health care reform, we will provide affordability credits in the House version of the bill. It goes up to 400 percent of the poverty level. For a family of four, that's up to \$72,000 a year. So if a family of four is making \$60,000 a year, \$65,000 a year, \$68,000 a year, they will receive affordability credits, vouchers that they will be able to use to choose the insurance of their choice from any of the insurance options within the exchange, including the public option. This would empower families like Joyce to consolidate, to be on the same plan, to have access to hundreds of choices where today, none, none exist.

Joyce has her retired teachers plan. Her husband, who switched jobs, is on the employer's plan. And for their daughter, they have to pay out of pocket for one plan or the other. Families like Joyce's will benefit tremendously from health care reform.

We are not just talking about the very poor. We are talking about middle class American families like Joyce's and reducing the cost of health care insurance and giving them the security so that they can go to bed every night without worrying about losing their health care.

Thank you, Mr. Speaker.

□ 2300

Mr. Speaker, I rise today to share with you stories from Colorado of real people, stories they shared with me of

why we need to pass health care reform, stories I hold close to my heart as I do battle and encourage my colleagues to join in supporting President Obama's plan to improve health care in America.

Jeremy Johnson from Colorado wrote to me the other day. He was born in Denver and lived in Colorado most of his life. Last November, like a lot of Americans, he lost his job. Subsequently, Jeremy lost his health care.

That's the third time he has been laid off in his life. The first time he was unemployed because there were budget cuts at the University of Colorado, the flagship university in my district and, like a lot of public enterprises, had fallen upon hard times and budget cuts and Jeremy lost his job there. He then went into several temp jobs and was eventually hired into a permanent position with Citibank in the spring of 2006.

He became eligible for their benefits program and went on to their benefits program; but a year and a half later, they eliminated half of the people in his department and moved the rest to Maryland. Once again, Jeremy found himself unemployed and uninsured.

After searching for months for employment without success, he applied for part-time seasonal jobs with a large home furnishings retailer and started work there to pay bills. He was able to earn insurance benefits for 3 months, but he lost those benefits when he was laid off due to the economic impact on the industry and on retailing.

Now, shortly after his most recent layoff, Jeremy was diagnosed with a medical condition. He is afraid that when he finally gets insurance again, the treatment for that condition, the very condition he needs medical care for, will not be covered because it will be considered a preexisting condition.

Jeremy is an athlete. He considers his health important. He has competed in the AIDS/LifeCycle from San Francisco to L.A. 2 years in a row. He has raised thousands of dollars for good causes through his races, raised money, ironically, for treatment for people who are not covered by our current health care system. Yet Jeremy himself lacks coverage through no fault of his own.

What we accomplish in health care reform is encourage employers to provide health care, give them access to exchanges, provide affordability credits. For individuals earning up to \$41,000, \$42,000 a year, they will receive affordability credit to take to the insurance provider of their choice to acquire insurance.

Health care will become more mobile through the exchanges. Jeremy and millions like him will be able to take health care from one employer to the other through the exchange.

We owe to America that the millions of people in Jeremy's condition shouldn't need to worry about where their health care will come from should they suffer from an illness, have

to worry about having a string of bad luck and layoffs because of the recession or job relocations. By passing health care reform today, we can give Jeremy and the millions like him the health care that they need to contribute to our great Nation.

Thank you, Mr. Speaker.

Mr. Speaker, I want to share with you a story that one of my constituents wrote from Colorado and asked that I share with you on the floor of the House of Representatives. She doesn't want her name to be used but wanted the power of her words to empower me to convince my colleagues of the urgent need to pass health care reform.

Her partner was recently diagnosed with stage 3 breast cancer. At that time she was working at Regis University, a private university which provided insurance but didn't offer it to domestic partners.

With the use of her flexible spending account, she was able to get her to a doctor. That doctor refused to diagnose her, not for some nefarious reason. He refused to diagnose her out of the goodness of his heart. How ironic. Why? Because he knew that she would get lost in the system and be refused treatment due to no insurance if she was labeled, labeled with the scarlet letter of a pre-existing condition of breast cancer.

Fortunately, this woman's partner did survive and win the battle with cancer. She was given the opportunity to be diagnosed by a referral from this doctor to a clinic who helped women with breast cancer.

Now, I can't tell you whether what that doctor said or did was legal or illegal in not giving the right diagnosis, but I can tell you that that doctor did the right thing. I can tell you what the wrong thing is. It is putting a doctor in that situation where they have to deny and not give the very diagnosis that they know is medically accurate, because they know that the very diagnosis and the act of giving it could be a death sentence for their patient.

"Do no harm" is the oath that doctors take, and the doctor that didn't diagnose this woman's partner upheld the highest and truest form of that oath in not making that diagnosis and allowing her partner to live.

Thank you, Mr. Speaker.

Mr. Speaker, I rise today to share with you stories of real people from Colorado and why we need to pass health care reform in this body. I had hundreds of constituents share their very personal stories with me. One of them, Mary Jo Schoolmaster from Colorado Springs. She and her husband are both retired teachers.

In 2004, he suffered a brain stem bleed that hospitalized him for 5 months: surgery, pneumonia, feeding tube, terrible, terrible ordeal. He came home and with stubborn determination he regained 95 percent of his functionality. He returned to work in 2005 as a dean of students and as a football coach.

After retiring in 2006, he had a second bleed. He spent a full year in and out of

hospitals, acute long-term care, in-patient rehab. He couldn't walk, eat, sit up or use his left side. He was on oxygen, had a feeding tube. Mary Jo writes that she was among one of the lucky ones that had insurance. They said it's been a constant battle to receive the benefits that he was entitled to, and he required her to become an advocate every step of the way.

You know, I have had a series of town hall meetings, about 22 of them in the month of August across my district, and I would ask at those town hall meetings how many of you have had to fight denied claims of your insurance companies. It was an ideologically diverse crowd, maybe a third against any kind of health care reform, a third for single payer and a third somewhere in the middle. Eighty, ninety percent of the crowd, regardless of their ideology or their party, raised their hand and said I have been there, I have had to fight a denied claim of my insurance provider.

Well, Mary Jo had to do that on behalf of her husband, had to fight every day to ensure that those bills were paid. Mary Jo is hopeful that health care reform changes this scenario for her and millions of others. We need choices, Mary Jo writes, and competition to force insurance companies to be transparent, not against us, every step of the way.

Mary Jo is right. What this bill accomplishes is it provides competition among the insurance industry through the exchanges that are being created. With the public option, insurance companies in some markets for the first time ever will face real competition. Those who delay, who fight or who are bad at paying claims will quickly lose customers to leaner and more efficient insurance providers.

That, Mr. Speaker, is why we urgently need to pass health care reform in this body, to ensure that people like Mary Jo and millions of other Americans don't have to fight their insurance companies every day. Because when we have this kind of scenario, who gets the short end of the stick? It's those who are not empowered and able to fight their insurance companies on denied claims.

What about if Mary Jo hadn't graduated high school? What about if Mary Jo wasn't fluent in English? Mary Jo was a retired school teacher. She knew what she had to do to advocate forcefully on behalf of her husband to ensure that all of us who have policies get what we are paying for. We need to make insurance companies answerable, and that's why we need to pass comprehensive health care reform.

Mr. Speaker, I yield back.

COST OF HEALTH CARE REFORM

The SPEAKER pro tempore (Mr. PERRIELLO). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for the time remaining until midnight.

Mr. KING of Iowa. Mr. Speaker, I appreciate being recognized to be able to address you here on the floor of the House of Representatives and raise some of these issues that are so important and critical to the American people.

As I have listened to the last hour, I can't help but bring myself to comment a little bit on that delivery, and I would speak to the last 50 minutes or so of it specifically, that is, that we are a great Nation because we have understood the principles that motivate the American people to come forward and do the right thing and to take personal responsibility and be productive and to negotiate for a good value for their health insurance dollar and to manage their health in a way and set up a system so that they are rewarded for high responsibility and that there is a penalty there for a low level of responsibility.

□ 2310

Some of us, in fact a lot of us on this side of the aisle, have laid out data set after data set that shows what motivates the American people to do the right thing, and also provided the disincentives, described the disincentives when people don't do the right thing.

It never ceases to amaze me how the other side of the aisle seems to want to focus on anecdotes, not facts, and we can reflect back upon the immigration subcommittee where we had hearing after hearing, witness after witness, anecdote after anecdote.

Mr. Speaker, even in the perfect model of Utopia, there will always be an individual that slips through a crack, whether we can imagine what it was beforehand or not. We can always take that individual's story and use it and say, this illuminates the whole.

The gentleman from Colorado has now delivered about 50 or 55 minutes of individual case after individual case, and I am sure every one of us in our district have dozens and hundreds of those kinds of cases. But as I have listened to this last hour, I have heard not one statistic, not one piece of data, nothing based on empirical information that one should be able to take and establish a national policy off of.

Surely, as a nation, we are not the kind of people that listen to an anecdote and knee-jerk our way towards a national policy, believing somehow that if we can solve the problem of this individual, we can solve the problem of the whole. We do that with data, we do that with statistics, we do it with facts, and we do it with good, sound judgment that illuminates the facts that lie underneath those data points.

But as I mentioned, in that immigration subcommittee, it went on for weeks of hearings, introducing study after study, data after data, and always calling for, where are your studies on the other side? Show me the data.

Finally there was a report that was introduced into the record. And as the Chair asked unanimous consent to introduce the report into the record, I